CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

п	elelia, WT 39020-2301					
Legal Entity #	School Dist. #	School Name		County	Level	
0774	3	Frontier Elem		43	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.XX	(%) of a percent.)	
	Complete and submit we submitted for the electory or an arms.					
This is to certify that knowledge and believed.	t I have reviewed the inef:	ndirect cost rate prop	osal submitted he	rewith and to t	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply and e been adjust	I OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	regoing is true and cor					
•	ct Superintendent or	Board	Street Address	or P.O. Box		
Chairperson			HC 31 Box 3043			
Printed Name of A	uthorized Official		City	Zip	Code	
			Wolf Point	592	201	
Title			Date			
	opleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction -2501				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	.IC INSTRUC	ΓΙΟΝ BY:	
Ap	proved Rate for FY20	06	Date Approved			
			Signature			

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

D. . . May 24 2005

	о вох 202501 elena, MT 59620-2501		Due May 31	, 2005	
Legal Entity #	School Dist. #	School Name		County	Level
0775	9	Poplar Elem		43	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply an e been adjus	d OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.		incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently
	regoing is true and cor ct Superintendent or		Street Address	or P.O. Box	
•			Box 458		
Printed Name of A	uthorized Official		City	Zi	p Code
			Poplar	59	9255
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
		•	Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

H	elena, MT 59620-2501		-				
Legal Entity #	School Dist. #	School Name		County	Level		
0776	9B	Poplar H S		43	HS		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.X)	(%) of a percent.)		
	Complete and submit we submitted for the electory or an arms.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply and ve been adjus	d OMB Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	regoing is true and cor						
Signature of Distriction Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box			
Chanperson			Box 458				
Printed Name of A	uthorized Official		City	Zij	o Code		
			Poplar	59	255		
Title			Date	<u>, </u>			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:							
			Date Approved				
Ар	proved Rate for FY20	06					
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

H	elena, MT 59620-2501					
Legal Entity #	School Dist. #	School Name		County	Level	
0777	17J/R	Culbertson Elem		43	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.X	X%) of a percent.)	
	Complete and submit we submitted for the electory or an arms.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply and ve been adjus	d OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	regoing is true and cor					
Signature of Distriction Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
Chairperson			Box 459			
Printed Name of A	uthorized Official		City	Zi	p Code	
			Culbertson	59	218	
Title			Date	1		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
			Date Approved			
Apı	proved Rate for FY20	U6				
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

H	elena, MT 59620-2501		-			
Legal Entity #	School Dist. #	School Name		County	Level	
0778	17C/R	Culbertson H S		43	HS	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.X)	K%) of a percent.)	
	Complete and submit we submitted for the electory or an arms.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply and ve been adjus	d OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	regoing is true and cor					
Signature of Distriction Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
Chairperson			Box 459			
Printed Name of A	uthorized Official		City	Zij	o Code	
			Culbertson	59	218	
Title			Date	<u>, </u>		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
			Date Approved			
Ap	proved Rate for FY20	06				
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

_ ac, ,				
School Name	County	Level		
Wolf Point Elem	43	EL		
e% (Round to ne	earest hundredth (X.	XX%) of a percent.)		
ndirect cost rate proposal submi	tted herewith and t	o the best of my		
ents of the Federal award(s) to Governments." Unallowable co	which they apply a sts have been adju	nd OMB Circular		
incurred and the agreements to Further, the same costs that ha addition, similar types of costs h	which they are all ave been treated as nave been account	ocated in s indirect costs ed for consistently		
rect.				
	dress or P.O. Box	(
Board Street Add	venue South			
Board Street Add	venue South	Zip Code		
Board Street Add	venue South			
Board Street Add 220 4th Av City	venue South	Zip Code		
Board Street Add 220 4th Av City Wolf Point	venue South	Zip Code		
Board Street Add 220 4th Av City Wolf Point Date and Budgeting cruction	venue South t	Zip Code 59201		
Board Street Add 220 4th Av City Wolf Poin Date and Budgeting cruction -2501	t PUBLIC INSTRU	Zip Code 59201		
	Wolf Point Elem (Round to not) With one copy of each application ementary and high school district Indirect cost rate proposal submit tablish the final indirect cost rate ents of the Federal award(s) to Governments." Unallowable commined Indirect Cost Allocation emperly allocable to Federal award incurred and the agreements to Further, the same costs that has addition, similar types of costs in the same addition, similar types of costs in the same costs that has addition, similar types of costs in the same costs that has addition, similar types of costs in the same costs that has addition, similar types of costs in the same costs that has addition, similar types of costs in the same costs that has addition, similar types of costs in the same costs that has a same costs in the same costs that has a sa			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

		Due May 61, 2000			
Legal Entity #	School Dist. #	School Name		County	Level
0781	45A	Wolf Point H S		43	HS
Proposed Restric	cted Indirect Cost Rate	e%	(Round to nearest	hundredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the electory or				
This is to certify the knowledge and beli	at I have reviewed the in ief:	ndirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which allowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clair	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have be es of costs have b	n they are allo en treated as een account	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
•			220 4th Avenue		
Printed Name of A	Authorized Official		City	Z	Zip Code
			Wolf Point	5	59201
Title			Date	 	
Send cor	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	006	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

	Helena, MT 59620-2501		Due May 61, 2000			
Legal Entity #	School Dist. #	School Name		County	Level	
0782	55	Brockton Elem		43	EL	
Proposed Restri	cted Indirect Cost Rate	e%	(Round to nearest	hundredth (X.)	XX%) of a percent.)	
	Complete and submit we be submitted for the electory roval of your rate.					
This is to certify the knowledge and be	at I have reviewed the in lief:	ndirect cost rate prop	oosal submitted he	erewith and to	o the best of my	
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requirem des for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which allowable costs ha	they apply a ve been adju	nd OMB Circular	
casual relationship accordance with a have not been clair	ed in the proposal are posterior between the expenses oplicable requirements. In med as direct costs. In tublic Instruction will be expense.	incurred and the ag Further, the same of addition, similar type	reements to which costs that have be es of costs have b	n they are allo en treated as een account	ocated in s indirect costs ed for consistently	
	oregoing is true and cor					
Signature of Distriction Chairperson	rict Superintendent or	Board	Street Address	or P.O. Box		
Onan person			PO Box 198			
Printed Name of A	Authorized Official		City	Z	Zip Code	
			Brockton	5	9213	
Title			Date	<u> </u>		
Send co	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTE	O AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:	
Aj	oproved Rate for FY20	006	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

	Helena, MT 59620-2501		Due May 61, 2000			
Legal Entity #	School Dist. #	School Name		County	Level	
0783	55F	Brockton H S		43	HS	
Proposed Restri	cted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit we be submitted for the electory roval of your rate.					
This is to certify the knowledge and bel	at I have reviewed the ir lief:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requirem des for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which allowable costs have	they apply a ve been adju	nd OMB Circular	
casual relationship accordance with a have not been clair	ed in the proposal are p between the expenses oplicable requirements. med as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have beens of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently	
	oregoing is true and cor					
Signature of Distr Chairperson	rict Superintendent or	Board	Street Address	or P.O. Box		
Onan person			PO Box 198			
Printed Name of A	Authorized Official		City	Z	Zip Code	
			Brockton	5	9213	
Title			Date			
Send co	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTE	O AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:	
Ар	oproved Rate for FY20	06	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	elena, MT 59620-2501		-					
Legal Entity #	School Dist. #	School Name		County	Level			
0785	64D	Bainville K-12 Sch	ools	43	K12			
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X)	K%) of a percent.)			
	Complete and submit we submitted for the electory or an arms.							
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:								
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	hey apply and e been adjus	d OMB Circular			
casual relationship I accordance with ap have not been claim and the Office of Pu	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
I declare that the for	regoing is true and cor	rect.						
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box				
Chairperson			Box 177					
Printed Name of A	uthorized Official		City	Zij	p Code			
			Bainville	59	212			
Title			Date	·				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501								
ACCEPTED	AND APPROVED FO	K THE SUPERINTE		IC INSTRUC	TION B1.			
Ар	proved Rate for FY20	06	Date Approved					
			Signature					

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

	Helena, MT 59620-2501	Due May 61, 2000			
Legal Entity #	School Dist. #	School Name		County	Level
0786	65	Froid Elem		43	EL
Proposed Restri	cted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the electory roval of your rate.				
This is to certify the knowledge and bel	at I have reviewed the in lief:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requirem des for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply a ve been adju	nd OMB Circular
casual relationship accordance with a have not been clair	ed in the proposal are post between the expenses oplicable requirements. med as direct costs. In tublic Instruction will be expense.	incurred and the ag Further, the same of addition, similar type	reements to which costs that have beens of costs have be	they are alle en treated as een account	ocated in s indirect costs ed for consistently
	oregoing is true and cor				
Signature of Distr Chairperson	rict Superintendent or	Board	Street Address	or P.O. Box	
Chairperson			Box 218		
Printed Name of A	Authorized Official		City	Z	Zip Code
			Froid	5	59226
Title			Date		
Send co	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTE	O AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	IC INSTRU	CTION BY:
Ар	oproved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

H	elena, MT 59620-2501		-			
Legal Entity #	School Dist. #	School Name		County	Level	
0787	65E	Froid H S		43	HS	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.X)	<%) of a percent.)	
	Complete and submit we submitted for the electory or an arms.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply and e been adjust	d OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	regoing is true and cor					
Signature of Distriction Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
Chairperson			Box 218			
Printed Name of A	uthorized Official		City	Zip	o Code	
			Froid	59	226	
Title			Date	<u> </u>		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
			Date Approved			
App	proved Rate for FY20	06	_ 5.10 . 19 p 1 0 1 0 0			
			Signature			